


Portland, OR



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Reducing Stress and Employment Loss for Parents Caring for Children with Mental Health Disorders

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Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services



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Work-Life Integration for Families with Children who have Emotional or Behavioral Disorders

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Work Life Integration for Families with Children who have Emotional or Behavioral Disorders

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- ☛ Phase I: Caregiver Workforce Participation Study
- ☛ Phase II: Focus groups: Parents and HR Professionals
- ☛ Phase III: Work-Life Flexibility and Dependent Care Survey
- ☛ Phase IV: Design and offer training to HR professionals
- ☛ Phase V: Resource development for families and businesses

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Work-Life Issues and Caregiver Stress

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- ☛ Employed parents with children with mental health difficulties must respond to the needs of the 24/7 workplace:
 - ☛ High commitment to work;
 - ☛ Extended work hours (Epstein & Kalleberg, 2004); and
 - ☛ Responsiveness to period of peak demands (Heymann, 2000).
- ☛ Above and beyond the usual demands of parenting, these parents must:
 - ☛ Arrange for and participate in planning their children's treatment;
 - ☛ See that their children's special educational needs are met;
 - ☛ Provide nurturing child care with caregivers who can meet the emotional needs of their children; and
 - ☛ Handle immediate crises that are frequent in these children's lives.

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Support for Employed Caregivers is Often Lacking

- Community supports commonly available to parents of typically developing children such as child care and after-school programs are not always options for parents of children with emotional or behavioral disorders (Friesen, Brennan, & Penn, 2008).
- Therefore, parents are often forced to make accommodations to meet their child's needs mainly through employment adjustments (Brennan & Brannan, 2005).
- However, supports in the workplace often assume that the needs will be relatively short-term (Lewis, Kagan, & Heaton, 2000).

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Work-Life Integration

- Refers to the degree to which people are able to find a functional and satisfactory level of accommodation in their work and personal lives (Rapoport, Bailyn, Fletcher, & Pruitt, 2002).
- Can be attained if families and employers have sufficient **communication competence** to negotiate work arrangements that will accommodate family needs (Rosenzweig, Armstrong, Davis, & Malsch, 2008).
- Is affected by **disclosure, stigmatization, and flexibility** arrangements experienced by the parents (Brennan et al., 2005).

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Communication Competence

- Reflects the ability to communicate one's views and needs as well as the ability to understand the perspectives and needs of others.
- Two dimensions are critical:
 - Relational development
 - Information exchange (Rosenzweig et al. 2008)
- Mental health literacy**--based on systemic information-processing and interpersonal communication regarding mental health issues (Epps, Armstrong, Davis, Massey, McNeish, & Smith, 2007).

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Disclosure

- Previous survey results (Rosenzweig & Huffstutter, 2004) reveal that:
 - Disclosure of child's mental health status at work comes with risks and benefits.
 - Benefits include greater support, such as social support or formal supports such as flexibility, and in some cases protection from job loss.
 - Risks include negative reaction from supervisors or coworkers and the potential of job insecurity or job loss.

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Stigmatization

- Mental health stigmatization refers to, "a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness" (President's New Freedom Commission on Mental Health, 2003).
- Courtesy stigma** (Goffman, 1963) refers to mental health stigmatization of family members and others associated with the person with mental illness (Corrigan & Kleinlein, 2005).

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Flexibility

- Flexibility is a cross-domain concept: workplace flexibility, family flexibility, and childcare flexibility are necessary to maximize work-life integration (Emlen, 1999).
- Employee-driven workplace flexibility permits family members to have a degree of autonomy to control work location, timing, and/or process (Kossek, Lautsch, & Eaton, 2005).
- Workplace flexibility can be either formal or informal (Eaton, 2003):
 - Formal flexibility is approved by HR professionals and written into organizational policy.
 - Informal flexibility is not documented as policy, but available to some employees based on supervisory discretion.

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The Role of HR Professionals

- Competing demands can lead the employee to seek assistance from human resource (HR) professionals (Brennan et al., 2005).
- HR staff attend to needs of employees and business goals of organization, shape policies and practices, resolve workplace problems, and manage organizational supports (Society for Human Resources Management, 2000).
- The study being presented today examined the perspectives of both families raising children with mental health disorders and of HR professionals on work-life integration issues.

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Research Questions

- How do parents of children with mental health disorders **manage the boundary** between home and work by deciding to disclose or conceal their families' needs to their employer?
- What factors affect parents' **workplace negotiation** with human resource professionals about work flexibility and employment-based supports?
- What are the **outcomes** of workplace negotiations or concealment of family needs reported by parents and HR professionals?

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Methods: Sampling of Parents

- Goal to reach working family members from a variety of employment contexts and varied experiences.
- Purposive sampling (Patton, 1990) of employed parents of children with emotional or behavioral disorders.
- Recruitment of parents through children's mental health conferences, parent support and advocacy networks, and RTC website and parent support networks.
- Study information provided with invitation to contact research team with questions or to sign up.

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Methods: Sampling of HR Professionals

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- Recruitment through human resource professional networks and computer listservs.
- Information provided about study and invitation to contact research team with questions or to sign up for study.

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Methods: Procedures

- Focus group discussion topics derived through prior research and literature reviews.
- Prior to start of group, informed consent collected and demographic questionnaire administered; permission to tape session obtained.
- Protocol began with more general questions to familiarize participants with the topic, then proceeded to more specific questions (Kreuger, 1997)
- Moderators supported discussion and probed to clarify information or deepen the conversation (Kreuger, 1998)

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Methods: Analysis

- Audiotaped, transcribed, entered into NUD*IST.
- Systematic coding process using grounded theory approaches (Charmaz, 2006).
- Open coding by three researchers working independently.
- Preliminary coding and agreement established through meetings of research team to discuss and compare interpretations.
- Secondary/axial coding focused on establishing substantive themes and relationships among them (Strauss & Corbin, 1998).

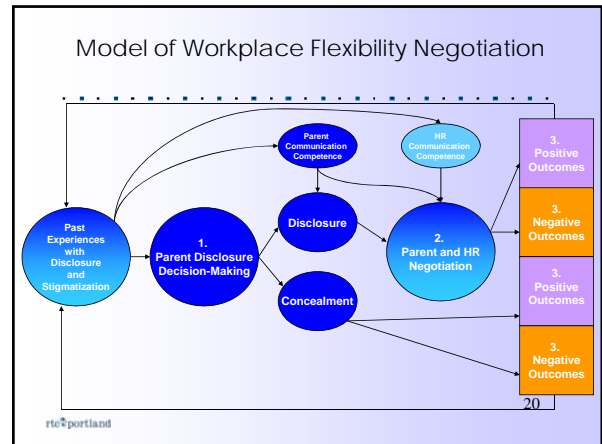
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Results: Participants

- ☛ 3 groups of HR professionals ($N = 17$)
 - ☛ Female (87.5%)
 - ☛ Middle aged ($M = 45.2$ yrs, $SD = 8.4$)
 - ☛ European American (88.2%)
 - ☛ Experienced in HR profession ($M = 15.6$ yrs, $SD = 9.1$)
 - ☛ Held certifications in HR field (58.8%)
 - ☛ Supervisors (82.4%)

- ☛ 6 groups of employed parents ($N = 28$)
 - ☛ Female (100%)
 - ☛ Middle aged ($M = 41.5$ yrs, $SD = 9.1$)
 - ☛ European American (68%)
 - ☛ Jobs providing benefits (68%)

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Question 1--Boundary Management: ... Learning from Past Disclosure ...

- ☛ Parents' previous experiences with disclosure and stigmatization
 - ☛ Inform disclosure decision-making
 - ☛ Contribute to communication competence
- ☛ HR Professionals' previous experiences with disclosure and stigmatization
 - ☛ Contribute to communication competence

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Boundary Management: ... Parents Learning from Past Disclosure ...

- ☛ *"If I have to leave work immediately, there are designated people that I talk to and that I trust, that I know will inform the other people that need to know, like my supervisor."*
- ☛ *"When my problems kind of first started with my boys, my boss was good about letting me off, but they always made me feel like they were looking down on me... They would say 'here she is, having trouble with those kids again.' I just felt it when I talked to them, so I stopped. I finally quit the job."*

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Boundary Management: Learning from Past Experiences with Stigmatization

☛ We identified four types of stigmatization experienced by parents:

1. **Direct stigmatization**: being the recipient of stigmatizing attitudes and behaviors
2. **Indirect stigmatization**: observing stigmatization directed towards others
3. **Perceived stigmatization**: person construes or anticipates stigmatization without observable evidence (Ruscinova, Nicoilelis, & Rapp, 2006) and
4. **Internalized stigmatization**: directing stigmatizing attitudes towards oneself (Brennan et al., 2007)

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Direct Stigmatization

- ☛ Direct stigmatization includes:
 - ☛ Being blamed for being a bad parent;
 - ☛ Co-worker resentment of reasonable accommodation;
 - ☛ Lack of understanding about child's illness and exceptional caregiving; and
 - ☛ Discrediting of professional competence.
- ☛ *"Most of this isn't just from the workplace, but the attitude of what did you do wrong as a parent, that judgmental attitude. Like when something comes up, 'Why didn't you anticipate it?' 'Why didn't you fix it beforehand?'"*

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Indirect Stigmatization

- ☛ Parents experienced indirect stigmatization by observing differential treatment of others because of their child's mental health status.
- ☛ "[I have a coworker] *who misses more time than I do, so I think I kind of watch to see if she's going to get into trouble.... The phone rings and I am holding my breath. If it is for her, I am like, 'Whew!'*"

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Perceived Stigmatization

- ☛ Those who felt they were stigmatized without having direct evidence reported:
 - ☛ Feeling blamed for being a bad parent,
 - ☛ Feeling that co-workers resented their requests for reasonable accommodations,
 - ☛ Feeling that others lacked understanding regarding child's illness and exceptional caregiving.
 - ☛ Believing that others discredited their professional competence or dedication.
- ☛ *"But still [coworkers] don't look at mental illness like a broken leg. That's hard, because I think that sometimes people do think ... you are just trying to get out of work."*

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Internalized Stigmatization

- ☛ Occasionally, family members would reveal that they had internalized the stigma placed on them by others and reported:
 - ☛ Feelings of inadequacy related to professional capacity.
 - ☛ Beliefs that they were being bad parents (self-blame).
- ☛ *"I believed that anybody who knew what was going on with my child was right, that my kid was just bad. Eventually that worked into 'I must be a bad mom too.'"*

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Boundary Management: Decisions to Disclose or Conceal Family Needs

- ☛ Family members and HR professionals discussed four approaches to this decision:
 - ☛ Full disclosure
 - ☛ Partial disclosure
 - ☛ "Bending the truth"
 - ☛ Concealment through self-censoring.

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Full Disclosure

- ☛ When parents fully disclosed, they told their employer about the child's mental health condition and the challenges they faced interacting with a variety of systems.
- ☛ *"I've just now become very upfront. This is how I live. This is my life; I know I can do this job, but I have to have some flexibility."*

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Partial Disclosure

- ☛ Some family members manage by letting employers know just enough information to be able to obtain workplace flexibility.
- ☛ *"I could say 'I need to leave,' and I could share later, if that is what I needed. I wasn't questioned, but because they knew a little bit about my family background, they realized it was a crisis and I could get up and leave."*

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Bending the Truth

- Other family members chose to use edited or altered stories so that they did not expose their personal troubles.
- To one unsympathetic supervisor, a grandparent said in a time of her grandchild's crisis: *"Cracked a tooth, got to go, can't stay here."*
- In response to co-workers' questions about a stressful vacation: *"Oh, it was lovely, thank you...I live it 24/7, so sometimes at work is my time to not have to deal with it."*

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Concealment through Self-censoring

- Some parents chose to conceal their family situation: *"If you ask for that flexibility upfront, and they have two candidates and one of them isn't asking for a whole bunch of time off and saying that they may need this and need that, they are probably going to weigh in on the one with less baggage."* -Parent
- *"Sometimes women feel that they can't bring it forward because they will be viewed as not being able to manage their family plus their work. So a lot of women will just try to suck it up and get through it."*—HR Professional

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Question 2--Communication Competence and Workplace Negotiations

- Both parent and HR communication competence
 - Is developed through previous experiences
 - Influences disclosure decision-making
 - Is important for workplace negotiation

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Communication Competence and Parents' Past Experiences with Disclosure--Negative

- One parent's previous experience disclosing to her supervisor was met with a lack of understanding and stigmatization:
 - *"My direct supervisor is not very family oriented. She doesn't have small children. She has a stepdaughter who is older. She doesn't seem to have that sensitivity that some of us who have got kids in the household have. She tends to say more things like, "Can't somebody else handle that?" "Isn't there something else you can do?" In order to kind of get around that sometimes, I just don't talk to her."*

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Communication Competence and Parents' Past Experiences with Disclosure--Positive

- On the other hand, sometimes parents had positive experiences that led them to feel comfortable communicating to their employer:
 - *"My workplace, because of my work environment, which is a family support center, I think everyone knows my story. I think that gives me support that I need, because if I am having a difficult time, I can go to my boss, and because of her education, she can give me the support I need."*

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Communication Competence and HR Past Experiences

- HR professionals and employers drew on their previous experiences when communicating competently with their employees. In some cases they drew on their own personal experiences:
 - *"Being a parent myself, I guess I can empathize and understand the demands. For example, friends who have children with special needs, I see what they have to do in their work life, and I can always apply what I understand from that to our employees as well."*

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Parent Communication Competence and Workplace Negotiation

- ☛ One parent knew that not only did she have to explain and share information about her situation, but she also had to communicate her commitment to her job and take in to account the needs of the employer:
 - ☛ *"I found out is that I think that once I realized that I have to verbally say, "Look we've had three bad nights. It is not good. Something is not working and I am going to have to focus on that or I am not going to get back in to business." They are able to accept that because they know when I get back to business, I am going to get the job done, and that there is a balance and I give everything I can give, but have to recognize there is a certain point where you have to say, look, I have to take care of this or it is not good for any of us."*

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HR Communication Competence and Workplace Negotiation

- ☛ One employer approached the situation with a more holistic perspective, understanding that the employee's challenges would not disappear solely as a result of flexible work arrangements and recognized the stress associated with the situation:
 - ☛ *" Even if you get your hours changed and you get your schedule accommodated, you are still going to be under a great deal of stress. You want to make sure that you try to help them figure out ways to deal with that as well, in addition to supporting their shift changes."*

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HR Communication Competence and Workplace Negotiation

- ☛ HR focus group participants emphasized their obligation to respect the worker's confidentiality:
 - ☛ *"more and more the government is requiring [us] to say less and less to anybody about the circumstances of their employee."*
 - ☛ This requirement led the HR professionals to worry about *"feeding the rumor mill"* when they granted workers flexibility and they were unable to explain the basis of the arrangement to co-workers.

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Question 3--Outcomes of Disclosure or Concealment

	Positive	Negative
Disclosure	<ul style="list-style-type: none"> • Access to Formal Supports • Flexible Work Arrangements • Access to Informal Supports from Supervisors and Co-Workers • Social Support from Other Workers with Similar Life Situations. 	<ul style="list-style-type: none"> • Stigmatization • Equity Concerns • Scrutiny • Co-Worker Resentment • Job Loss
Concealment	<ul style="list-style-type: none"> • Avoid Stigmatization • Avoid Equity Concerns • Avoid Scrutiny • Maintain Employment • Escape Home Life • Maintain "Normal" Work Life 	<ul style="list-style-type: none"> • No Access to Formal Supports • No Informal Flexible Work Arrangements • Feeling Isolated and Alone

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Implications

- ☛ Caring for a child with a mental health disorder while maintaining employment is challenging and can lead to parental stress and job loss, both of which have implications for the entire family's well being (Rosenzweig, Brennan, & Oglivie, 2002).
- ☛ Workplace stigmatization exacts a heavy toll on employed parents, who sometimes resort to caregiver responsibilities discrimination litigation (Williams & Calvert, 2006).
- ☛ Communication is a powerful tool for both caregivers and the HR professionals with whom they interact, and can lead to positive outcomes in the workplace.

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Future Directions

- ☛ Training Intervention with HR Professionals seeks to develop a greater understanding of exceptional caregiving.
- ☛ Designed also to increase the skills that will enable HR staff to have constructive and successful dialog with employees who are caring for children with mental health disorders.
- ☛ Policy development work to insure greater flexibility in the workplace for working caregivers who need it.

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